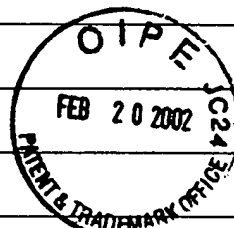
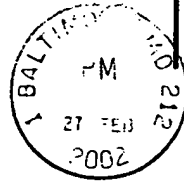
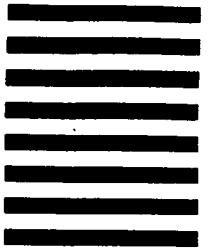


DESCRIPTION OF PAPER		A Response to Office Action, Petition for One-Month Extension of Time (in duplicate),	
		transmittal in duplicate and this return postcard were received in the US Patent and	
		Trademark Office on the date stamped below.	
APPLICANT	Entenmann		
SERIAL NO.	09/678,295	DATE FILED	October 2, 2000
ATTORNEY DOCKET NO.	12964.15		
TITLE	METHOD OF EFFECTING CASHLESS PAYMENTS AND A SYSTEM FOR IMPLEMENTING THE METHOD		
SENDER'S INITIALS	WBK/MAD/km/np	DATE MAILED	FEB 4, 2002





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ATTN: INTELLECTUAL PROPERTY SECTION  
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DALLAS TX 75202-9858



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Entenmann

Serial No: 09/678,295

Group Art Unit: 2164

Filed: October 2, 2000

Examiner: Felten, D.

For: METHOD OF EFFECTING CASHLESS  
PAYMENTS AND A SYSTEM FOR  
IMPLEMENTING THE METHOD

## BOX FEE AMENDMENT

Commissioner for Patents

Washington, D.C. 20231

Sir:

Enclosed for filing is an Amendment in the above-identified application.

- [ ] A verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.  
 [ ] No additional fee is required.  
 [X] Petition for One-Month Extension of Time is enclosed.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	30*	minus	129*	=	0	x 9	\$ _____	OR	x 18	\$ _____
INDEP	2*	minus	3***	=	0	x 40	\$ _____	OR	x 84	\$ _____
[ ]	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+140	\$ _____	OR	+280	\$ _____
						TOTAL	\$ _____	OR	TOTAL	\$ _____

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[ ] A check in the amount of \$ \_\_\_\_\_ is attached.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-1394 (Haynes and Boone).

[X] Any additional filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 C.F.R. § 1.17.

[X] A copy of this sheet is enclosed.

Respectfully submitted,

Michael A. Davis, Jr.

Registration No. 35,488

Date: 2/04/2002  
HAYNES AND BOONE, LLP

901 Main Street, Suite 3100

Dallas, TX 75202-3789

Phone: 214/651-5634

Fax: 214/651-5940

A-126491.1

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: BOX FEE AMENDMENT, Commissioner for Patents, Washington, D.C. 20231 on 2/4/2002

Date

Signature

NISH PASARAYA  
Name of Person mailing paper and fee

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	§	
Entenmann	§	
	§	
Serial No.: 09/678,295	§	Group Art Unit: 2164
	§	
Filed: October 2, 2000	§	Examiner: D. Felten
	§	
For: METHOD OF EFFECTING CASHLESS	§	
PAYMENTS AND A SYSTEM FOR	§	
IMPLEMENTING THE METHOD	§	

Box Fee Amendment  
Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE TO OFFICE ACTION**

Dear Sir:

In response to the Office Action mailed October 2, 2001, please amend the above-identified application as follows:

**CLAIMS**

Please cancel claims 6, 8 and 20.

Please add the following new claims 23-33.

- |   |       |  |
|---|-------|--|
| 1 | --23. | A method according to claim 4, characterized in that at least one of the wireless interfaces |
| 2 |       | is an infrared interface.--  |
|   |       |  |
| 1 | --24. | A method according to claim 4, characterized in that at least one of the wireless interfaces |
| 2 |       | is a microwave interface.--  |